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Religion and Medicine

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History of the Emmanuel Movement from the Standpoint of a Patient

By William Macomber

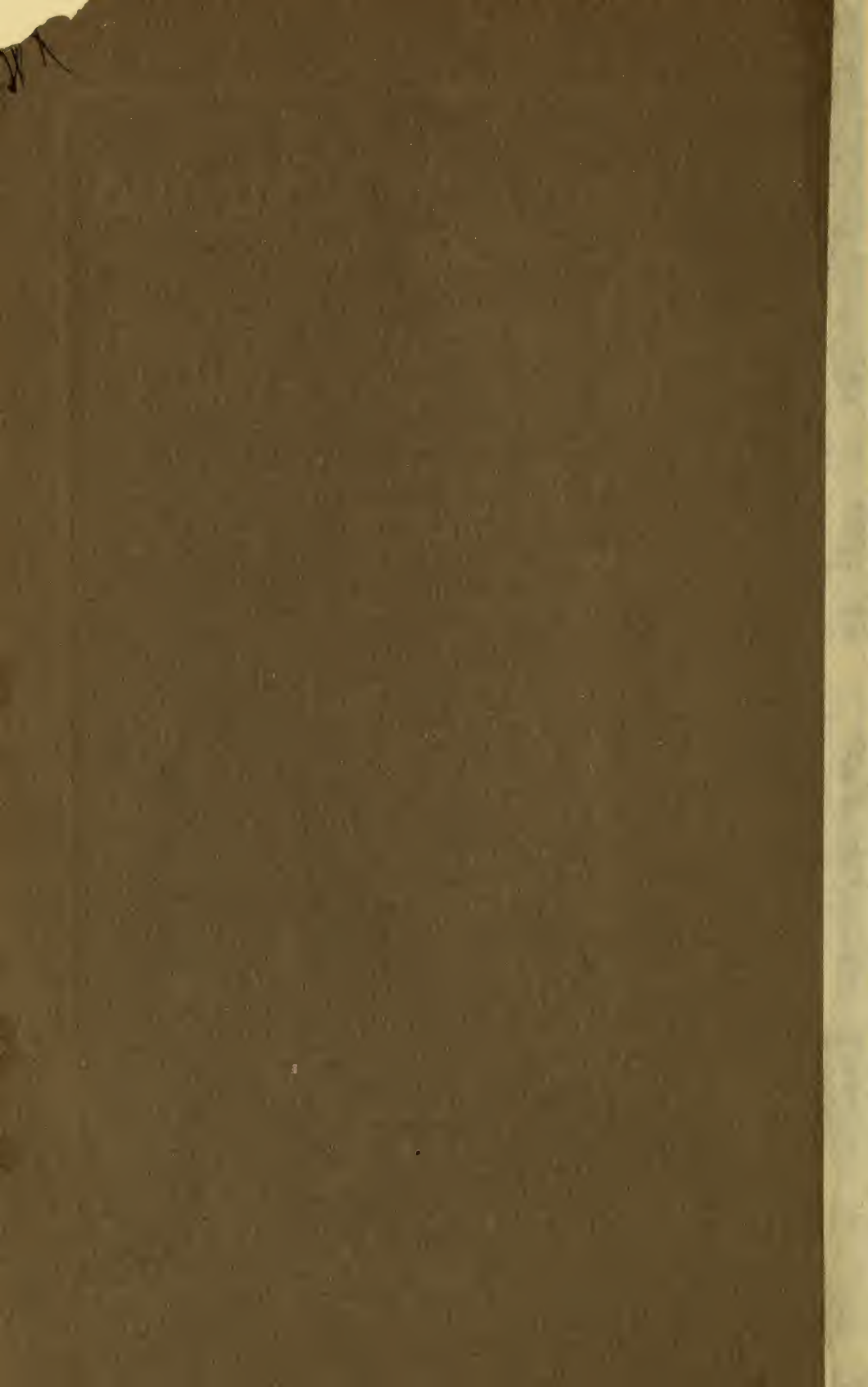
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NEW YORK
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*And they shall call his name Emmanuel;
which, being interpreted, is, God with us.*

THIRD IMPRESSION

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History of the Emmanuel Movement

From the Standpoint of a Patient

FOR the benefit of those who desire to obtain a general idea of the Emmanuel Movement the following has been prepared. It does not profess to be a full or scientific statement of the work, but is a popular presentation of a few of the leading facts which are of general interest. The writer has been accorded special privileges in studying the work for nearly a year; and while he is in no way officially connected with the work, his interest has deepened with the passing months. The facts are believed to be correctly stated. Whatever appears as a matter of opinion the writer assumes as his own, and does not presume, in all respects, to express the opinions of the leaders of the movement. Moreover, the writer is a layman writing for laymen. His purpose is not to put the subject before scientists, but before ordinary people. The forthcoming book by Doctors Worcester and McComb will meet the scientific side of the subject.

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The Leaders of the Work.

The Rector is Dr. Elwood Worcester. His associate is Dr. Samuel McComb. These two men are the initiators of the work—and observe I say “initiators” and not “discoverers” or even “originators,” for the very simple reason that they are doing just a few of the simpler things which Christ did, and which He commanded His disciples to do. I wish to make it unmistakably clear that this work is no novelty, no discovery, no cult, no fad. And a careful investigation will, moreover, convince any fair-minded person that the work does, and always must, rest upon established Christian belief and scientific fact—the two verities which will always stand between it and charlatanism.

Dr. Worcester is a trained thinker. As a youth he had to make his own way in the world, and he therefore has a keen sympathy with those who have known the struggle of life. Graduated from Columbia College and General Theological Seminary, and taking his doctorate at Leipzig, *cum laude*, he taught psychology and history of philosophy at Lehigh University. For eight years he was rector of St. Stephen's,

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Philadelphia. The University of Pennsylvania and Hobart College have both honored him with D. D. One of his parishioners in Philadelphia was Dr. Weir Mitchell, and in the days of their close friendship and association the idea was conceived which is now taking on such magnificent form. But it was not until Dr. Worcester came to Emmanuel Church that he gathered about him the men who have helped to bring the undertaking to a practical reality.

Dr. McComb brings to the work a mind well trained and a sunny temperament born nowhere but in the north of Ireland. He is a graduate of Oxford University and has studied at the University of Berlin, and received the honorary degree of D. D. from Glasgow University. He is also an enthusiastic student of psychology, and was professor of ecclesiastical history in Queen's University, Canada. Dr. William Graham, one of the Visitors in Mental Diseases to the Lord Chancellor of England, was a parishioner of Dr. McComb. This distinguished man taught Dr. McComb much in abnormal psychology. And it is an interesting fact that, just as Dr. Worcester had as a parishioner and personal friend the

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greatest neurologist of America, Dr. McComb had as parishioner and personal friend one of the greatest neurologists of the Old World.

I think it may be said that both these men understand neural pathology quite as well as the average nerve specialist; but this knowledge, instead of leading them to usurp the functions of the physician, only enforces the absolute rigidity with which they insist upon diagnosis by a skilled practitioner in every case.

The Two Great Divisions of the Work.

Before considering the work in detail it must be clearly indicated that there are two allied and inseparable fields of activity, which should never be confused, which rest down upon the same psychological facts, and which, together, constitute the perfect whole of the work. These two fields are:—

1. *The Emmanuel Clinic*, which is devoted primarily to the *cure* of functional troubles, and
2. *The Emmanuel Class*, which is devoted primarily to moral and spiritual education for the *prevention* of functional troubles.

As will be seen as we proceed, the outlook of

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the Emmanuel Movement is co-extensive with that of medical science; and just as that science to-day includes both remedial and preventive medicine, so this movement in the psychic field aims not only to heal but, more important, to prevent functional nervous disorders.

I.

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The Field of Activity.

SINCE the work is supplemental to the legitimate field of medicine and surgery, the inquiry is: What is the Emmanuel Movement, what is its field, and what are the means of delimitation of this field? In order to answer this question we shall have to go well back into underlying principles. I shall, however, state only those which are essential to a general understanding of the subject.

1. It is a recognized fact in pathology that, on the one hand, disease may be purely or largely organic, that is, due to structural changes in an organ. On the other hand, disease may be pure-

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ly or chiefly functional, that is, every physical organ may be sound, but the individual may be truly and seriously sick. While it is true that there are combinations of organic and functional troubles, we do not need to go into that question at present. But it is to be noted that, as a matter of fact, the more capable physicians are constantly finding that diseases, hitherto supposedly organic in origin under all circumstances, not infrequently are (largely) functional in origin.

2. It is a fact that, when disorders arise in the personality, cures are effected by setting the personality right. The *means* for influencing the mind are numerous, but it is always the same power that works the cure. No well-informed person denies the efficacy, in certain cases, of prayer—faith cure; or the power of mental suggestion—mental healing; or the power of Christian Science—a clumsy combination of the two; or of hypnotic suggestion.

3. There can be no question that Christ healed, not by drugs or any material agency, but by powers clearly allied to and undoubtedly *inclusive* of those which we may employ to cure functional disorders—consequent always, and

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not otherwise, upon a positive exercise of faith.

But note that this is not to say that we may do all the things Jesus did; we are by no means able to do so. It is only to say we may, and should, do those things so far as we are able; and that we may, and should, enlarge the field of our work with the increase of our faith and our scientific knowledge, because the command of the Master to *heal* was no less strenuous than the command to preach. It is a fair and reasonable presumption that, if the church had not been disobedient to the command to heal, our powers to-day would be well established, instead of being so feeble that we have to prove their very existence by argument.

Here, then, are the facts, and here the limitations. The facts are: Numerous functional diseases do exist; they originate, for the most part at least, in the personality; they may be cured by setting the personality right. The limitations are coincident with the bounds of functional disorders. Dr. Worcester and Dr. McComb rigidly insist that every case be subjected to thorough examination by a skilled specialist, and undertake a case only upon indubita-

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ble proof that it is functional and not organic in character.

The Means Employed.

These may be classed under the following heads:—

1. Moral and Spiritual Re-Education,
 - a. By Personal Interview.
 - b. By Attendance at the Emmanuel Class.
2. Correcting the Subconscious Activity,
 - a. By Waking Suggestion.
 - b. By Auto-Suggestion.
 - c. By Profound Suggestion.
 - d. By Work.

Moral and Spiritual Re-Education.

This means applies to nearly every case. I am disposed to say to EVERY case; for I am constrained to believe that very, very few of us professing Christians—we who have been active church workers—are sufficiently alive spiritually to receive at once the benefit of the treatments.

The Emmanuel Church work is Christ's work; and Christ never performed a cure that was not consequent upon the exercise of *faith*. That faith

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was something more than the dilute article we commonly employ in maintaining a respectable place in the congregation of believers. I considered my faith in a fair state of preservation when I came to Emmanuel Church as a patient; but when I came to exercise it, I found it was distinctly canned goods. Nor was my experience in the least novel.

So the first step is re-vitalization of our belief. I shall now endeavor to make it plain why spiritual re-education, the establishment of a real living faith, is a pre-requisite to a perfect cure, and why this work is most truly a legitimate function of the church. This I shall do by reference to the raising of Jairus' daughter, as Dr. Worcester employed this miracle in explaining the work to me.

Here was a desperate case. The child had so far passed the bounds of life as to be seemingly dead. She was at least in the state of coma. She was beyond the exercise of any faith herself. The only person possessing any real faith was her father (at least such I understand to be the common belief, although I have always had a notion that it very likely was the mother who inspired

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Jairus to go to Jesus). To him Jesus said, "Be not afraid, only believe." The first requisite was an act of faith on the part of one most directly interested in the result. To strengthen this faith further, Jesus picked the three disciples possessed of the largest faith, and went to the house. There He found the usual howling mob of mourners, who "laughed Him to scorn." Here was an atmosphere of unbelief; He put them all out, taking only the three disciples, the father and the mother. Thus He surrounded the child with an *atmosphere of faith*. (Recall also that He said He could do no mighty works in His home neighborhood because of the environment of doubt.) As soon as the child was restored, He commanded that food be given her—He did not overlook physical needs, physical realities, physical means. And finally He commanded that they should not discuss the matter with the neighbors. Why? Because He did not want her to go back into an environment of doubt; He wanted the cure permanent; He wanted her body fed with food; He wanted her soul fed with faith.

Here we have three scientific conditions.

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Christ, was seen in His work. The first condition was a deeply interested faith, directly concerned with the desired result. He had educated the father. "Fear not, only believe." We do not know how many times Jesus repeated this thought on the way, but we may be sure that the faith of Jairus, after that walk with Jesus, was a greater power than that with which he set out. The second condition was an environment of faith. This He created. It has taken us eighteen hundred years to realize the scientific importance of environment as Christ knew and used it. The third condition was reliance upon physical means when required.

Now, it seems to me the position of Dr. Worcester is impregnable. If, in fact, Jesus did command His disciples to heal, where can faith be taught but in the church? If environment of faith is necessary, where can it be had but among His followers? Where can we find the *plant*, the *equipment*, the *environment*, but in the *church*?

Such a view makes the church a living force—changes it from a lecture-hall used one day in the week to the most potent power for good, for education, for regeneration, the world can know.

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And if, in fact, Jesus did recognize and use material means, why should we not co-operate fully with the science of hygiene and medicine when they may be made contributing factors? The alliance between religion and science is sound doctrine and sane thinking.

The inculcation of such a living faith is accomplished both by personal interviews and by the instruction received and the inspiration given at the mid-week meetings, the Class. I shall not here enter into the Class work, since that comes properly under the second general head above given.

Correcting the Subconscious Activity.

a. By Waking Suggestion.

Prof. William James says, "Education is for behavior, and habits are the stuff behavior is made of." This is as true of the subconscious as of the conscious mind. When one possesses an attainment, not merely as something within the purview of the conscious mind, but a part of one's mental furniture, it is a habit, an accomplishment of the more subconscious portion of the mind—in other words, education. Now go a

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step farther: Suppose one discovers that a certain fact upon which he has relied and acted proves not to be a fact, but an untruth. Here you must dislodge the old idea, which is easy, and the habit that has grown up about it, which is not so easy, and substitute therefor the truth and right action. We readily substitute the truth, but when we come to the right action, there is the rub; we all know how an old habit clings, how hard it is to make the new automatic.

A functional disorder is often due to a wrong mental habit—an untruth lodged in the subconscious region of the mind, notwithstanding the fact that the physical manifestations, the physical pains, are evident and real. How shall we reform this wrong habit, dislodge this untruth? The phenomena behind the fact I shall not attempt to explain; but the fact is that, if the more conscious parts of mind are quiet, inactive, and the body fully relaxed, a spoken suggestion finds lodgment in the more habitual or subconscious mental regions, so that it is accepted and acted upon thereafter, and is substituted for the wrong mental habit. In this manner, suggestion, repeatedly given, becomes a permanent part of

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our subconscious activity,—a new habit is formed.

b. Auto-Suggestion.

Go one step farther: A person has, say, a functional disorder which he perfectly understands is without physical foundation. He cannot argue himself out of it. He may reason, scold, laugh at, and punish himself in all possible ways; he may exercise all the will-power he has; but in some cases it is absolutely without avail. To tell a person who has this type of functional trouble that he will be well if he will only use enough will-power, if he will only lift himself by his bootstraps, is simply to deepen his discouragement with every attempt and failure. As well might we tell a man with a broken leg to walk in order to get well. But, just the same, such a one *can* cure himself, once taught how. Once in possession of a "faith that is the substance of things hoped for, the evidence of things unseen," he relaxes his body, quiets his doubts and fears, and by repeated effort lodges in his personality the impulse to right action. To the beginner this seems, I think, the most impossible act imaginable; but I have come to believe that it

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is the most powerful, the most permanent means known.

c. Profound Suggestion.

From the fact that the average person immediately jumps at the conclusion that this form of treatment is the hypnotism exploited by charlatans, it is the one most likely to arouse opposition. This feeling is but natural, and if the assumption were right the opposition might be justifiable. But the assumption is wrong. No one who has intelligently investigated the subject can deny the remarkable efficiency of hypnotic suggestion in those cases which can be reached by no other means. I shall not go farther in this subject than to say:

1. That hypnotic suggestion is scientifically employed in a limited group of cases by many of the best neurologists; that thus employed it is without any injurious effects, and has definite therapeutic value.

2. That this form of treatment is reserved for typical cases *not amenable to other forms of suggestion*, such as alcoholism, drug habit, perversions, phobias, fixed ideas, defects of speech, and similar troubles so deep-rooted as not to be

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reached by other means. This form of treatment is never given except under the advice and direction of a physician skilled in the technical methods.

3. That it is a legitimate power in the hands of responsible persons; and for this very reason should be in the hands of those possessed of high moral purpose—another reason why the work should be in the hands of the church.

d. Work.

Everyone who has had experience with nervous people knows that one of the most common conditions is self-consciousness, self-centeredness. The mind of the person turns in, not out. It is the radius that determines the size of the circle; a circle with a radius of zero is a point, and a point has neither magnitude nor motion. So with the self-centered mind. The radius of thought approaches zero; life becomes circumscribed; action and the desire for action become correspondingly reduced. Life is on a dead center. The causes which have brought about these conditions are numerous and varied. In some cases it may be due to lack of life-motive, even selfishness, conscious or unconscious; but these cases are the ex-

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ceptions to the rule. Generally the persons thus self-centered are no more blamable for their condition than one with neuritis or any other nerve trouble. It is all too common with physicians to blame these self-centered sufferers, as if they were morally culpable for the condition. This is often unjust, unkind, useless.

Now we all know that when the proud mother tries to show off the accomplishments of the baby to the interested caller, the baby becomes self-conscious and fails to perform. A little tact, however, brings results. The attention is diverted from self, and presently the pranks and accomplishments are all gone through with to the delight of the mother. We are all just grown-up children; and if we can only turn the mind of the self-conscious sufferer "out and not in, up and not down," and make him "lend a hand," action begins and the cure begins.

Robert Herrick has written a story called "The Master of the Inn." The Master was a physician who rose to prominence in his profession, and then, for reasons not important to consider now, retired to an old inn back in the mountains. He made it a sort of retreat for souls

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broken on the wheel of fortune or otherwise. The Master took his medicine chest with him, but he never replenished it. In a little time he had no medicine to give. Men came wrecks and went away well and full of power. The life was simple—a plunge in the pool in the morning, a good breakfast; then all hands to work. It might be haying, hoeing potatoes, gathering apples, or felling trees and getting in the winter supply of fire-wood. Then came dinner, and after it play—fishing, hunting, rambling over the mountains, but always activity. In the evening under the trees about the pool or in the hall by the broad open fire social intercourse filled the hours.

No medicine, no regimen, seemingly no system; but all activity away from self and self-consciousness.

“A self-important young man, much concerned with himself, once asked the Master:

“ ‘Doctor, what is your method?’

“ ‘The potatoes need hilling, and then you’ll feel like having a dip in the pool.’

“The young man, it seems, wrote back to his physician in the city: ‘This doctor cannot un-

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derstand my case; he tells me to dig potatoes and bathe in a swimming pool. That is all! All!!

“But the city physician who was an old member of the brotherhood telegraphed back, ‘Dig and swim, you fool.’”

The secret of the Master of the Inn was the knowledge of the power of health in absorbing work,—work that takes self out of self and begets the altruism of industry.

I have read of another physician who has a home for the nerve-weary. He has a great shed or covering into which logs are hauled. Each patient is given a log, an axe and a broad-axe, but he has neither rule, square nor chalk-line. His work is to hew his log into a square and straight piece of timber. He must establish his lines and angles in his own mind and bring them to a reality by the persistent use of his muscles with the mental picture of the finished timber ever before him. By the time the log has become timber the mind of the worker has widened from a point to a circle,—the beginning of a cure is established.

The Emmanuel Movement makes use of this principle. Of course the nervous, self-centered

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woman does not hew a log, but she does the equivalent thereof. She becomes interested in work; she gets outside herself; and it is surprising how rapidly the radius lengthens, how the circle of interest expands, how life grows normal.

And this, too, rests down in the teachings of Christ. He worked; He worked for others, never for self. The altruism of the Christian life is fundamental.

It will thus be seen that SPIRITUAL RE-EDUCATION should underlie all other forms of treatment. The cures will then have *a moral and spiritual foundation*, which renders them *permanent* and *establishes the moral efficiency of the individual*. The work conforms to the teachings of Christ; the method conforms to the teachings of science. As Dr. McComb has well said, the church should never have allowed it to become possible for faith-healing and metaphysical healing to do the work which the church should have done. I think he might also have added that the charlatanism of faith-healing in general is the fungus germinated in the spiritual dry-rot of the church.

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Two Questions Answered.

Before leaving the subject of the clinic there are two questions which frequently arise. The time has now come when scientific men—physicians, psychologists, clergymen, educators—are asking these questions in that broad, scientific spirit which at once bespeaks confidence in the movement and equally an open mind to receive and use whatever has been here learned for the betterment of humanity.

The First Question.

This is the question of the physician. We may put it something after this manner: The therapeutic agencies employed in the Emmanuel Church work are auto-suggestion, hetero-suggestion, re-education, explanation, and work—all well-known agencies long employed by physicians, especially neurologists, and are no novelty in psycho-therapeutics. Why, then, should this work, clearly within the range and reach of the physician, especially of the medical psychologist, be taken over by the clergy, made a church movement, and stamped with the idea of novelty?

Now, if the premise of this question were ten-

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able, the answer might be that which the question implies. But such is not the case. The words "suggestion" and "education" have been overworked and made to cover a multitude of things; some of them, perhaps, sins. To begin with, then, both "suggestion" and "re-education" possess, among other things, *quality*. The work may be bad or good; it may be weak in quality or strong in character; and this question of quality and character depends on many things. Primarily it depends upon the character behind it; that is axiomatic, but that is far from all. It would be ungracious, if not untrue, to say that therapeutic suggestion or re-education were better given by the clergyman than the physician. That would raise a comparison "odorous" at least, and raise a controversy wide of the mark. We may, therefore, come directly to the main point. The great problem is to make therapeutic suggestion both effective and permanent. Even the tyro knows the grave trouble here. Obstacles unnumbered confront him; he is dealing, first of all, with an abnormal personality; it is, generally, either distorted by long-continued wrong habit or disarranged by some shock. To

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set this apparatus in order by explanation, education and suggestion involves something more than a mere statement of fact, more than a request, more than a command. With our best and strongest effort we frequently fail; and we have long since learned that we must call into requisition every influence available to make the suggestion find a lodgment, to put into the patient every source of strength, and to surround him with every influence which will aid in making the suggestion permanent.

It will hardly be doubted, in the face of the statements of such men as Dubois, James and Schofield, that one of the most potent factors in psychic healing is the religious motive. It appeals to the largest number; it is a motive in most lives; it is a traditional motive; it is an environmental factor in all Christendom. The bearings of this influence might be further elaborated, but one may do this for himself. If, now, we *combine* this agency with the scientific skill of the medical expert, does it not follow that we have secured a power and a permanency of result otherwise unattainable?

Consider briefly another point: The cure of

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a vast number of functional troubles consists in a reform of the wrong thinking and feeling which has caused them. This cause lies nearer the spiritual, the moral, the ethical than it does to the pathological. Many a case of "nerves" is no more, no less, in the curing than getting the person in line with God's purposes, getting the craft out of the shallows and setting the person rowing with the current of life. We often see how this works out in specific cases, cases where the diagnosis shows abundant functional disturbances, which are wiped out by nothing more than attendance upon the mid-week meetings, where moral re-education is taught. And there is a contributing factor right here which must be recognized; it is the influence of an assemblage, or what is scientifically known by that very ugly name, "mob spirit." It is too well known to require argument that men *en masse* will do that which one component part or individual could not be persuaded to do. And just as men in a mob are swayed to do a wrong which no individual would think of doing alone, so men associated for a high purpose will do things for which by and of themselves they would be incapacitated.

We often hear it said that a functional dis-

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order is moral rather than physical in character. Well, then, let our clergy avoid doctrinal contention, join hands with scientific medicine and help humanity. The church should be the organization, the plant, for such work; the minister should be skilled in matters of the soul. It should never be a question whether the physician and his science or the minister and his church can do the work the better; the fact is the work is done the best when these two great powers for relieving human woe—medicine and religion—combine. Therein is an element of great power in the Emmanuel Movement.

The Second Question.

A question frequently asked by scientific men may be stated as follows: What is there in the Emmanuel system of treatment for liquor and drug habits which is likely to make the cures permanent?

This is a fair question which demands an answer as candid and as scientific as the spirit in which it is asked.

Upon one point we shall agree, namely: A habit may be inhibited temporarily by hypnotic suggestion. In some cases the inhibition may,

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by repetition, become permanent; but in the great majority of cases—where it is not accompanied by the emplacement of a high moral purpose—the suggestion has no permanent effect.

Upon a second point we shall readily agree: That what we sometimes term the “ruling passion” within a man is the power which determines his character. And I think we shall all agree that while this “ruling passion” is clearly noticeable in only a few of us, still there is in every man, more or less evident, this same governing power.

Upon a third point we shall not disagree: When this passion is downward in its tendency, as in the case of a drunkard, it is a bad passion; when it is upward, as in the case of a useful citizen, it is a good passion.

Upon a fourth point there is scientific agreement: Such functioning is a necessary concomitant of life.

Now the immediate effect of hypnotic suggestion is to destroy or temporarily inhibit this abnormal appetite. But it is clearly established that this stoppage can be only temporary, and that the habit will again reassert itself in some

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form of activity. Another fact in this connection which is coming to be recognized is that, for example, in the case of an alcoholic, a struggle to throw off the habit followed by failure results in a condition worse than before the effort. The reason for it is this: The failure begets discouragement, and discouragement begets loss of will-power to keep the habit even within the previous bounds.

The greatest suggestionist the world has ever seen understood these laws better than we, for He said, "But the unclean spirit, when it is gone out of the man, passeth through waterless places, seeking rest and finding it not. Then he saith, I will return unto my house where I came out; and when he is come, he findeth it empty, swept and garnished. Then goeth he and taketh with himself seven other spirits more evil than himself, and they enter in and dwell there; and the last state of that man becometh worse than the first."

It is therefore evident, both from the teachings of Jesus and the teachings of modern science, that, as nature abhors a vacuum, the mind abhors vacuity of motive. The man in-

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hibited against drink or drugs is the man empty, swept and garnished; he is empty, not cured, and it is the emptiness that invites the unclean spirit.

Clearly, then, the need is for something to take the place of the unclean spirit, and something so strong that the returning unclean spirit cannot dispossess it. What is there that may so possess a man's soul that the returning spirit will at once and without struggle admit its permanent eviction?

Clearly, again, there is nothing so universal, so profound in its influence, so uplifting in all directions; nothing which so possesses a man in every moment of his life, as a profound consciousness of God acquired through the acceptance of Jesus Christ as Revealer and Mediator. As one man expressed it, "I feel that Dr. Worcester has taken something out of me and put something into me." Something had gone out—the unclean spirit; something had come in—the Holy Spirit.

How? The hypnotic suggestion which dislodges the unclean spirit is the expressed thought of the suggestionist. The expression is merely

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the vehicle. The patient reacts to suggestions, makes them his own, and acts upon them. In like manner, if the suggestionist is a man who has realized God in his own soul, he points the vision to the patient. It is a great vision. First the patient possesses it as a thing borrowed; if he seeks to make it his own through prayer and through practice, he not only possesses the vision, but the vision possesses him. The empty room, swept and garnished, is filled; there is no room for the unclean spirit. The mind has a new motive. The suggestions which come up into consciousness are from a new tenant of the subconscious; they are no longer suggestions of alcohol or drugs. "As a man thinketh in his heart (his subliminal self), so is he." The demand of the mind is fully satisfied; for it has a great motive, a great ruling passion. He is cured because he is regenerated, and regeneration is putting a new "ruling passion" in the swept and garnished room.

Differentiation from the Cults.

I am frequently asked to explain the difference between the work at Emmanuel Church and Christian Science, or mental healing, or faith

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cure, to explain wherein it differs from the healing so fully set forth in such writers as Hudson, Trine and Schofield, and wherein it differs from the so-called New Thought. I shall not attempt to point out all of the differences, but just the one difference which is vital.

Before I do aught else, let me dispose of the question of Christian Science. The Emmanuel Movement imposes no new dogma, theological or metaphysical, upon the patient. It accepts and co-operates with the medical science of today. But we do not have to make the distinction. The authorities of Christian Science have taken notice of the Emmanuel Movement, and have issued the following statement:

“In order that the public may fully understand the situation, I wish to say that Christian Scientists do not admit that either the ‘Emmanuel Church method’ or ‘Christian Psychology’ attempts to heal the sick by the method employed by Jesus, and taught by him to his disciples, and practiced by the Christian church during the first three centuries, for the following reasons:

“1. Jesus did not at any time say that it was necessary for a physician to diagnose a case be-

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fore he healed it, and there is no scriptural authority for so doing.

“2. Jesus did not limit his healing work to ‘functional nervous disorders,’ nor did he so command his followers to do. He healed all kinds of diseases and his command to his followers was to go forth ‘and preach the gospel and heal the sick.’ If any clergyman admits that the Bible lays upon his church the duty to heal the sick, then he can find no scriptural authority for limiting the healing to any particular kind of disease.

“3. Jesus did not operate in conjunction with physicians, but, on the contrary, he healed independent of physicians and without drugs, and no scriptural authority can be found for mingling his method of healing with the drugging system.

“4. Jesus healed by spiritual means only, and not by ‘suggestion or auto-suggestion’; both Jesus and his disciples raised the dead, and in connection with a dead person there can be neither ‘suggestion’ nor ‘auto-suggestion.’

“Christian Science is squarely opposed to ‘Christian Psychology’ and the ‘Emmanuel Church method’ on each of these four propositions. If they say that Jesus used suggestion to

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work his cure, they are making the same charge against him that was made by the enemies when they said that he cast out devils through Beelzebub."

V. O. STRICKLER,

Christian Science Committee on Publication
for the State of New York.

January 25, 1908.

To any scientific mind this pronouncement as effectually differentiates the Emmanuel work from Christian Science as it separates that so-called science from everything scientific.

As to the others: first, the scientific method which Dubois and Schofield set forth so clearly, and the teachings of such men as James, Münsterberg and Sidis, furnish the scientific foundation for the *mechanical* part of the work. There is no difficulty in finding all of the mechanical, material, intellectual means employed, all fully set forth in standard works; for the Emmanuel workers confine themselves to well-established scientific methods.

Second, we readily find in Emerson, Maeterlinck, Chesterton and such writers, the spiritual ideal toward which the individual should reach; but the Emmanuel workers need no other text-

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book on the spiritual side than the oldest and best—the New Testament; they use no other, for all other books dealing with the spiritual side are but attempts to bring within easy reach of the human mind the great truths the Master taught.

If, then, the material side, the method, the scientific side and the spiritual side, are all old and well-known, what is new? *The combination of them.* Christ used the combination, but few have used it since. That is all that is *new* in this work. It is doing what Christ taught His disciples to do, and what later teachers did until they got wholly absorbed in theology and dogma.

The truth is, and always has been, that the individual may read the Bible and pray with great earnestness and not receive any physical help; that one may read Schofield and Dubois, and all the rest of the scientific writers, and fail of help; that one may try to combine the Bible and Schofield and Dubois and Emerson, and all the rest of the long list of teachers of healing and living, and still find no health in him.

Why does he fail to make this health-giving combination? Because he lacks a living teacher

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and a proper environment. Jesus said, "If two of you shall agree on earth as touching anything that they shall ask, it shall be done for them of my Father." When a seeker after life and one who has found life more abundantly come together, the latter may help the former to reach out and grasp that which he knows perfectly well he should reach and grasp, but which he has been utterly unable to reach and grasp of his sole effort. Christ knew this; and so He gathered about Him disciples to do this very work, and *commanded* them to do it. But for this necessity He might have merely written a book and left the world to find out the truth for itself. But He knew, even better than we, that the average man must have help to take hold of the truth and the power behind the truth.

Another point and we shall be able to point the conclusion. The interplay of the conscious and the subconscious in our lives is such that *environment* becomes an important factor—just as I have pointed out in the case of Jairus' daughter. In the subconscious mind of man the church stands for God. When the average man approaches a church he comes appreciably

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nearer to God. Let him deny this as he will; let him be an atheist or what-not, it is none the less *true*. So with the preacher and the priest. We know they are only as other men, but in their presence we have in the subconscious mind an intuition that we are nearer God in the presence of His representatives. It is perfectly clear, of course, that God is not localized in churches, and equally clear that the preacher does not carry about with him some special form of God's presence. But the undeniable truth is that the building and the man, alike consecrated to God's service, suggest the proximity of Divine Power. It is not that the temple or the priest bring God down, but in the presence of them the man lifts his soul *up*. In brief, it is *environment*.

Put these two facts together and we have it. Environment lifts the man up and extends his reach; co-operating agreement with one who has come near to God, and who knows the true relations of body and spirit, enables the person to close his hand about the truth and make it his.

The Emmanuel workers are using the church to lift man up where he can *reach*; using the disciples to help him *grasp*.

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II. THE EMMANUEL CLASS

IN describing this part of the work I shall give a very brief description of a typical meeting, and follow that with a presentation of what seems to me the vital and significant element.

A Typical Meeting.

At eight o'clock of a Wednesday evening the church is fairly well filled. Probably there are 800 present. The first thing that impresses one is the large percentage of men present, quite unlike the ordinary prayer-meeting. A restful prelude on the organ puts us in the mood for worship. Then Dr. Worcester gives out an old, familiar hymn. We sing it fairly well, but not to his liking, and he says, "Now, dear friends, we did not put the feeling and spirit into that hymn we should. Let us try to sing the next one with more feeling and more spirit." And we sing the second hymn in quite a different way; there is not more volume but more quality; you feel that the people are singing the sentiment, not merely the words. After several hymns, Dr. Worcester reads from the Bible; then we repeat

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the Apostles' Creed, which is followed by requests for prayer. These are read. They are definite, written requests, such as the following examples: "A woman who is to undergo a serious operation to-night asks your prayers that she may be sustained." "A man struggling with the demon of drink asks your prayers." "A mother and her children who are in great poverty ask you to pray the Father to keep them." "A woman in great mental distress asks prayers for strength to sustain her." These are but samples. Then we kneel and Dr. McComb prays. Then comes the address by Dr. McComb—a simple, practical application of a Gospel truth to practical use.

Then, after the benediction, we go up to the social room, where simple refreshments are passed and a pleasant social hour is enjoyed. Both Dr. Worcester and Dr. McComb are present, and we have a chance to see them on their social side.

Of course, this is but a sample. Another week it may be Dr. McComb who will lead the meeting and Dr. Worcester may make the address; or, the address may be by a physician or educator who has been invited to speak. But whoever the

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speaker and whatever the theme, all tends toward the same end—rational Christian living.

The Vital and Significant Element.

The Emmanuel clinic deals with people who are suffering from subjective disorders; it deals with people, psychologically speaking, abnormal. The Emmanuel mid-week meeting deals chiefly, or should deal chiefly, with people who are, or should be, approximately normal. The clinic undertakes to set the subconscious mind right because it is wrong; the mid-week meeting deals not only with the subconscious but with the conscious mind, and through the conscious mind brings about that education and development of the subconscious region which prevents the origination of a subjective trouble by wrong thinking, or the beginning of such a trouble by the impact of an external cause. Thus it will be seen that the clinic is *remedial*, while the religious meeting is *preventive* or *educational*. And precisely as the greatest work the medical profession is doing to-day is *preventive medicine*, so the greatest work of the church should be *preventive morals*. We know that if the world were in a state of perfect

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physical sanitation, germ diseases would be practically eradicated. It is equally true that if we had a perfect condition of moral sanitation the troubles known as functional or subjective, or which are popularly known as "nervous" troubles, would be reduced to the minimum.

Perhaps we should make this a trifle more definite by saying that modern pathology and psychology put in our hands the facts to warrant the following assertion, namely: That the great majority of functional troubles arise either (1) from wrong thinking and wrong habits of work, that is, either a wrong moral or spiritual attitude; or (2) from a lack of the power of resistance which a right moral and spiritual attitude begets, which lays the person open to subjective disorder from some external cause; or (3) changes in the psychological tension; or (4) dissociations of consciousness. We might even go farther and assert that if right moral and spiritual attitude prevailed, and had prevailed for a few generations to get rid of inherited tendencies, there would be no subjective diseases whatever.

The problem is to so train the man morally and spiritually that he will neither originate a

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functional disorder within himself, nor be open to the invasion of such a disorder from without; for just as we may take in a germ through physical lodgment in fertile ground, ground made fertile by a low state of physical resistance, so may we take in a wrong idea, a wrong suggestion, which becomes the germ of a functional disorder which thrives in soil made fertile through low moral and spiritual resistance.

Now it will not do to say that the Emmanuel Movement has accomplished all this; not at all. It has only pointed the direction and means, and done in a single church what must be done in every church that expects to live. These great men who are putting their lives into this work have had to feel their way; they were not able to lay out a program and bring the church to it; the work has had to be empirical to a certain extent, since it had neither precedent nor example. But what has been done is this: The spirit and entire force of the mid-week meeting has been changed from a perfunctory gathering of not more than a score, to a live, helpful, spiritual assemblage of about eight hundred people.

As I have said, the addresses are simple, prac-

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tical talks which deal with definite practical problems—such as worry, hurry, fear, irritability, sleep, and similar questions. But someone will say such subjects are for the benefit of sick people. It may be admitted that, owing to the fact that sick people are flocking here from all over the land, these meetings are somewhat directed toward their needs; but on the other hand, it must be admitted that these are the very practical subjects which concern a great number of people who are supposedly perfectly well. In short, what people get in these meetings is preventive religion, spiritual prophylactics.

Without going into further explanation, it is to be noted that, as the Emmanuel workers have followed sound psychological principles in the clinic, they are employing the same principles in the mid-week meetings. We well know the spirituality of the ordinary prayer meeting has been largely lost because the activity has become automatic—a sort of sub-conscious activity. The problem is to raise this activity into the realm of alert consciousness; for precisely as we attain results in the clinic by reaching the subconscious directly, so we attain moral prophylaxis in the

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class by vigorous activity of the entire personality.

The remedy has been generally indicated. The particular program employed at Emmanuel Church is immaterial, so long as the activity of the meeting is definitely purposeful, definitely objective, definitely surcharged with faith. The key to it all is a definite, practical purpose, and *one thing at a time*; not the conversion of all sinners, but the saving of one particular sinner; not the relief of humanity in general, but prayer for one suffering soul; not general principles of moral conduct, but a practical dealing with every-day trials.

The Future of the Movement.

It is clear that the movement has taken root permanently and is growing. The time when there was doubt in calling it a "movement" has long since passed. There are, moreover, a few reflections which may be to our advantage.

First, the Protestant churches have abandoned all idea of doing what Christ commanded concerning healing and teaching practical, helpful living. Dogma, theology, and the worship of a

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far-off God are the things they are busy about. How we brethren do dwell in Christian unity with our one-hundred-and-twenty sects, and more a-borning!

Second, the world is hungry for health, the power to keep health, and the power to live at peace with the world and with each other.

Third, Christian Science and similar cults have taken the health-side—the how-to-live side—of the New Testament and are using it. Christian Science is spreading; “New Thought” is spreading; any person with a new program for living can get a hearing.

And we do not like it.

Of course we do not; and when such a man as Dr. Worcester takes the New Testament and leads back to Christ through the path of healing and right living, back to fullness of faith and consciousness of God—when such a thing happens, we orthodox stiffen our necks. We suspect it is not regular.

No, it is not regular; that is true. But what shall we do? Our prayer-meetings are a problem. We have to hire sensational revivalists from time to time to keep us going. Then,

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again, we notice how happy these Christian Scientists and these New Thought people really are; how their belief shines out in their faces; how their belief transforms them. What is going to happen?

What might happen would be this: If the Protestant churches, the Protestant sects, pursue the present course the inevitable result must be dry-rot and death; and the Christian Science church, lopping off its frills and negations with the passing of the years, will become the great Protestant power of the world in the next generation.

What I hope and believe will happen is this: That we get back to Christ; that we obey His commands; that we seek Life, not dogma. The Emmanuel Movement is a first realization of this hope. It is destined to bring us to ourselves, to bring the church to her own, to hasten the day when the sects shall be so absorbed in doing the work of the Kingdom that they will be absorbed in His Kingdom,—His Kingdom in the lives of men.

Here I should put a final period, were it not for the fact that I feel that a timely word of

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warning should be spoken; and at the risk of an anti-climax I shall do what I regard a duty.

A Word of Warning.

It requires no prophetic power to remark that the Emmanuel Movement is the beginning of a great activity which will hardly be limited by the bounds of the Christian world. The work itself at Emmanuel Church, the hungry crowds in Buffalo, Chicago, Philadelphia, Washington, New York, the profound interest of the medical societies, the thousands of letters from all parts of the civilized world, attest the deep public regard for the work.

It is time to go slowly; it is time to put on the brakes—not to stop the progress, but to be under control against accident. Let us suppose three cases, which are far from future impossibilities.

First: A clergyman reads of the work; he visits the Emmanuel Class; he is profoundly impressed (as he should be) with the spiritual element in the work. He is not a man of scientific grasp. He jumps at the (wrong) conclusion that this is simply a return to Primitive Christianity. He goes home and announces that he will take up the Emmanuel Movement. People

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flock to him; he has no physician at hand; he prays with them; he undertakes to give suggestions; he stirs up a temporary ferment akin to the old-fashioned revival. It is hardly necessary to remark that failure stalked behind his zeal.

Second: A physician, who has discovered the futility of drugging functional troubles, goes through a similar superficial investigation. He sees the scientific, medical side only. He sees what he brings knowledge to see, as did the clergyman. He goes home and announces that he will dispense the Emmanuel method from his office. (What he does dispense, in fact, is hypnotic or hypnoidal suggestion.) In due time he runs across the fact that this was tried years ago and abandoned; and his failure not only affects his professional reputation but places an unjust stigma upon the Emmanuel Movement.

Third: Take now a combination. A clergyman who has large enthusiasm and small scientific learning interests his family physician—the kind of man we all know as a good, kind, old-fashioned family doctor, who has the same grade and quality of scientific learning as the clergyman. They advertise the establishment of the

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Emmanuel Movement, and the patients arrive. It is needless to say the diagnosis is apt to be doubtful; and it would be passing strange if many months elapsed before it was discovered that the clergyman had been treating a malignant growth with suggestion. But even suppose the doctor makes no mistakes; the clergyman has not seen a text-book on psychology in thirty years; he does not care; he assumes that as he is "a man of God" he is master of the mind. Of course the Emmanuel Movement is once more discredited unjustly.

These are typical suppositions. Others might be posited, but this is quite enough to show that we must make haste slowly; enough to show that not every clergyman, not every physician can take up the work; enough to show that no clergyman and no physician can take up the work without profound insight into the pathological, the psychological and the spiritual foundations which underlie all success in this work.

And a final warning should be given. The somewhat spectacular results already attained tend to blind us to the features of the work other than those on the pathological side which are even

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more far reaching. Great and good as is this work of healing, let us not forget that, just as preventive medicine is the great work of the physician of to-day, preventive morals is the keystone of the Emmanuel Movement. We must heal the sick, that is true; but that was not the whole command of the Master. Preach the good news was also the command. What is the good news? Well, a part of it is, that if we live in a very simple manner the simple, scientific truths Jesus taught and lived himself, this world would have little need for the clinical side of this work. But I have a suspicion that these simple, scientific truths have not at all times been the subjects for preaching. Prophylactic Christianity is the larger part of the Emmanuel Movement, just as prophylactics in medicine now have sway. We speak often of moral re-education as a necessary factor in this work; so it is. But this presupposes an education which is not what it should be. Make the moral education right and re-education becomes unnecessary. Teach men to live masters of themselves, and functional disorders largely vanish.

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